January 1 – December 31, 2016

High Deductible Medical Plans

BENEFIT FEATURES	Anthem Blue Cross		Kaiser Permanente
	High Deductible Plan with Health Savings Account Option		High Deductible Plan with Health Savings Account Option
	In-Network ***Self-Referred*** (within Blue Cross network)	**Out-of-Network** ***Self-Referred*** (outside network)	Kaiser Permanente Network ***PCP Referred*** (within Kaiser Network)
Choice of Provider	May obtain care directly from any Anthem Blue Cross Network Provider.	May obtain care from any other provider. However, you pay the highest costs when you use this level under the plan.	Your choice of Kaiser Permanente physicians and providers.
Annual Deductible*			
• Individual (Annual Deductible includes Medical Care and co pay Drug Benefits)	$1,500 per individual	$3,000 per individual	$1,500 per individual
• Maximum per Family (Annual Deductible includes Medical Care and co pay Drug Benefits)	$3,000 per family	$6,000 per family	$3,000 per family
Annual Out-of-Pocket Maximum (Includes Deductible)	$3,000 per individual $6,000 per family	$9,000 per individual $18,000 per family	$3,000 per individual $6,000 per family
	In-Network and Out-of-Network Maximums are separate and are exclusive of each other.		
Out-of-Hospital Services			
• Office Visits	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible
• Specialist Visits	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible
• Urgent Care Facility	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible
Preventive Care			
• Well Baby / Well Child	No co pay or deductible	You pay 30% after deductible	No co pay or deductible
• Adult Physical Exam	No co pay or deductible	You pay 30% after deductible	No co pay or deductible
• Well-Woman Care	No co pay or deductible	You pay 30% after deductible	No co pay or deductible
• Prostate Cancer Screening	No co pay or deductible	You pay 30% after deductible	No co pay or deductible
• Colorectal Cancer Screenings	No co pay or deductible	You pay 30% after deductible	No co pay or deductible
• Specialty X-rays (CT, MRI, PET). **Precertification Required**	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible
• Diagnostic X-Rays and Lab Tests	You pay 10% after deductible	You pay 30% after ded., benefit limited to $800 per procedure	You pay 10% after deductible
In-Hospital Services			
• Semiprivate Room and Board (Precertification required)	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible
• Emergency Room	You pay 10% after deductible	You pay 10% after deductible	You pay 10% after deductible
Outpatient Surgery	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible
Durable Medical Equipment	You pay 50% after deductible	You pay 50% after deductible	You pay 10% after deductible; benefit limited to $2,500 per plan year

BENEFIT FEATURES	Anthem Blue Cross		Kaiser Permanente
	High Deductible Plan with Health Savings Account Option		High Deductible Plan with Health Savings Account Option
	In-Network ***Self-Referred*** (within Blue Cross network)	**Out-of-Network** ***Self-Referred*** (outside network)	Kaiser Permanente Network ***PCP Referred*** (within Kaiser Network)
Prosthetic Devices	You pay 10% after deductible	You pay 30% after deductible	No charge after deductible
Skilled Nursing Facility (Maximum 100 days per year)	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible
Mental Health & Substance Abuse			
• Outpatient Physician Visits	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible
• Inpatient Physician Visits	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible
Physical/ Occupational/ Speech Therapy	You pay 10% after deductible, limit 24 visits per calendar year	You pay 30% after deductible, limit 24 visits per calendar year	You pay 10% after deductible
Chiropractic Care	You pay 10% after deductible, limit 24 visits per calendar year	You pay 30% after deductible, limit 24 visits per calendar year	Not covered. Discounts available through www.kp.org
Prescription Drug Benefits			
Retail (up to 30-day supply)			
• Generic (Tier 1)	$10 co pay after deductible	You pay 30% of maximum allowed amount plus all costs over co pay maximum allowed amount, after deductible	**Generic:** after deductible – $10 co pay after deductible 30-day supply $20 co pay for a 31 to 60 day supply $30 co pay for 61 to 100 day supply **Brand:** after deductible – $30 co pay after deductible 30-day supply $60 co pay for a 31 to 60 day supply $90 co pay for 61 to 100 day supply **Brand Non-Formulary:** If prescribed by KP physician, covered at the brand copay
• Brand (Tier 2)	$30 co pay after deductible		
• Non-Formulary (Tier 3)	$50 co pay after deductible		
• Non-Formulary (Tier 4)	You pay 30% of maximum allowed amount, after deductible		
Mail-Order (31 to 90-day supply)			
• Generic (Tier 1)	$10 co pay after deductible	You pay 30% maximum allowed amount, after deductible	**Generic:** after deductible – $10 co pay after deductible 30-day supply $20 co pay for a 31 to 100 day supply **Brand:** after deductible – $30 co pay after deductible 30-day supply $60 co pay for a 31 to 100 day supply **Brand Non-Formulary:** If prescribed by KP physician, covered at the brand copay
• Brand (Tier 2)	$60 co pay after deductible		
• Non-Formulary (Tier 3)	$100 co pay after deductible		
• Non-Formulary (Tier 4)	You pay 30% maximum allowed amount, after deductible		
Cost for Coverage Per Pay Period**			
• Employee Only	$432.47		$179.53
• Employee + 1 Dependent	$864.93		$359.05
• Employee + 2 or more Dependents	$1,223.88		$508.06
Health Savings Account Option			
• Individual Contribution Maximum for 2016	$3,350		$3,350
• Family Contribution Maximum for 2016 (Family includes employee plus one or more dependents)	$6,750		$6,750

* All references to "annual" and "per year" on this chart refer to policy year of January 1 through December 31, 2016.

**Excluding the third pay periods in the months of July and December.

THIS COMPARISON CHART IS NOT A CONTRACT

The Comparison Chart is a summary of general benefits available to County of San Diego eligible employees. Wherever conflicts occur between the contents of this Comparison Chart and the Plan terms, than the Evidence of Coverage (EOC) plan document shall prevail.

Space does not permit listing all limitations and exclusions that apply to each plan. Before using your benefits, call the insurance carrier for more information.